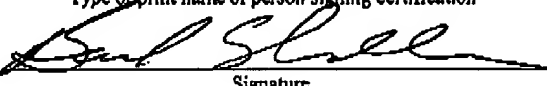


PATENT
450117-03450**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants : Erno Kovacs, et al.
Serial No. : 09/898,549
Filed : July 3, 2001
For : PORTAL USING MODEL VIEW CONTROLLER
Examiner : Patel, Haresh N.
Art Unit : 2154
Confirmation No. : 2858

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--

AMENDMENT UNDER 37 C.F.R. § 1.121Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Non-Final Office Action of February 15, 2005, having a three-month statutory period for response set to expire on May 16, 2005 (May 15, 2005 being a Sunday), please amend the above-identified application as follows.

FROMMER LAWRENCE & HAUG LLP

745 Fifth Avenue
New York, New York 10151
Telephone: (212) 588-0800
Facsimile: (212) 588-0500
E-mail: Firm@flhlaw.com

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Haresh N. Patel

Firm: U.S. Patent and Trademark Office
Art Unit 2154

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: May 16, 2005

Re: FLH Ref No.: 450117-03450
Serial No: 09/898,549

Number of Pages: 10
(including cover page)

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Patel, Haresh N.

00283799

PATENT
450117-03450

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Erno Kovacs, et al.
 Serial No. : 09/898,549
 Filed : July 3, 2001
 For : PORTAL USING MODEL VIEW CONTROLLER (AS AMENDED)
 Examiner : Patel, Haresh N.
 Art Unit : 2154

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	8	Minus	** = 20	* x	\$50	= \$
Independent claims	3	Minus	*** = 3	* x	\$200	= \$
Total additional fee for this amendment						\$

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300(150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Barnet Shindelman

Type or print name of person signing certification

Signature

May 16, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicant

By: Thomas P. Persson

Thomas P. Persson
 Reg. No. 41,442
 Tel: 212-588-0800

PATENT
450117-03450

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 7 of this paper.